

DEBT MANAGEMENT EMPLOYMENT NOTIFICATION

(This form is required pursuant to Rule 11 of the Debt Management Rules)

I, _____, residing at _____	
(Name)	(Number) (Street)
_____, have entered the employ of _____	
(City)	(State) (ZIP Code)
_____, a licensee at _____	
(Address and City)	
effective on _____	
(Date)	
Signed	Dated

LICENSEE	
I, _____, a/an _____	
(First Middle Last)	(Officer, Partner, Member or Proprietor)
of _____, hereby state that the above named	
individual has entered our employ effective on _____	
(Date)	
Signature of Licensee	By (Officer, Partner, Member or Proprietor)
Title	Date

NOTE: No confirmation of this employment will be sent to licensee. If the agent is not eligible to transfer, your firm will be contacted.

RETURN COMPLETED APPLICATION TO:

Office of Financial and Insurance Services
Securities Section
P.O. Box 30701
Lansing, MI 48909



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442